Abstract 350

TITLE: HIV, Hepatitis C and Hepatitis B Coinfection Among Injection And Non-injection Drug Treatment on Center Entrants

AUTHORS: Joo, E; Wolf, C: Boker, R; Kelly, CJ; Bornstein, SL Illinois Department of Public Health

BACKGROUND/OBJECTIVES: Injection drug use (IDU) is the single most important risk factor for hepatitis C virus (HCV) infection. Up to 90% of IDUs are chronically infected with HCV; many are asymptomatic and unaware of their infection. Similarly, hepatitis B virus (HBV) infection has been shown to be as high as 72% in this population. Early detection of hepatitis is important to prevent the spread of the disease, as well as to limit hepatic damage caused by the infection. In the current study, we determined the prevalence of hepatitis B virus (HBV and hepatitis C virus (HCV) in a drug treatment center population. HIV infection, for which injection drug use is the second most dominant risk factor, is also assessed, thus enabling determination of HIV. HCV and HBV coinfection in this high-risk population.

METHODS: In this blinded, retrospective study we analyzed blood specimens from 3,000 individuals entering Chicago area drug treatment programs from April through September 1998. Detection of hepatitis B core antibody, hepatitis B surface antigen and hepatitis C virus antibody were used to determine hepatitis prevalence. These results were used in conjunction with previously gathered data from HIV testing and unlinked serosurveys to determine coinfection.

RESULTS: Among 398 injection drug using entrants, 64 tested positive for HIV antibody, yielding a 16.08% rate. Of the 2,603 non-injecting entrants, 82 tested HIV positive, yielding 3.15% seropositivity. Data describing HCV and HBV seroprevalence among injection and non-injection drugs users entering treatment will be presented. This paper will also present final analysis of HIV, HCV and HBV coinfection, as well as attendant demographics and behavioral risk factors for the study population.

CONCLUSIONS: Combined hepatitis and HIV prevalence and risk information provide an opportunity to inform and integrate both primary and secondary prevention interventions. HIV coinfection and hepatitis baseline prevalence will permit monitoring trends in the incidence of these infections to develop and evaluate prevention programs. These findings also may assist drug treatment centers and health departments in establishing a mechanism whereby infected persons can be identified and referred for treatment.

PRESENTER CONTACT INFORMATION

Name: Craig Wolf, Illinois Department of Public Health
Address: 160 N. LaSalle, 7th Floor
Chicago, IL 60601
Telephone: (312) 814-4846
Fax: (312) 814-4844
E-mail: cwolf@idph.state.il.us